

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759007

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** ALACHUA COUNTY GENEALOGICAL SOCIETY, INC.

**Current Principal Place of Business:**

1915 NW 3RD TERR.  
PO BOX 12078  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

1415 NE 7TH TERRACE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1915 NW 3RD TERR.  
PO BOX 12078  
GAINESVILLE, FL 32605

**New Mailing Address:**

1415 NE 7TH TERRACE  
GAINESVILLE, FL 32601

**FEI Number:** 59-2372257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SINGLEY, MARY  
1415 NE 7 TERR  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: POWELL, B  
Address: 1326 NW 10TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32605

Title: PD ( ) Delete  
Name: SINGLEY, MARY  
Address: 1415 N E 7TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: MURPHY, MARY FRAN  
Address: 6125 NW 41ST DRIVE  
City-St-Zip: GAINESVILLE, FL 32653

Title: TD ( ) Delete  
Name: PARRETT, LINDA  
Address: 9006 WEST STATE ROAD 235  
City-St-Zip: ALACHUA, FL 32615

Title: SD ( ) Delete  
Name: MACDONALD, KATHERINE  
Address: 309 N.E. 1ST STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: WOOD, JACK B  
Address: 8008 SW 17TH PLACE  
City-St-Zip: GAINESVILLE, FL 326073444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE E. MACDONALD

S/D

06/30/2009

Electronic Signature of Signing Officer or Director

Date